

Schedule 2 — Forms relating to general provisions

Form 1 — Notification of injury

[Regulation 2.4(2)]

Occupational Safety and Health Act 1984

WorkSafe Western Australia Commissioner
 PO Box 294
 WEST PERTH WA 6872
 Phone: (08) 9327 8777 Fax: (08) 9327 8724

INJURY REPORTING TELEPHONES:
 (08) 9327 8800
 1800 198118

Section 1: Employer Details

Employer Name:		Date of Injury:
Workplace Name:		
Address:		-- / -- / --
	Suburb/Town:	
	Postcode:	
	Phone Number:	Time of injury:
	Fax Number:	-- : -- am
	WorkCover Number:	-- : -- pm

Address of workplace
 where injury occurred:

Phone Number:

Fax Number:

Type of workplace
 where injury occurred:

(eg. construction site, panel
 beating shop, etc)

Suburb/Town:	Postcode:

Section 2: Details of injured person

Surname:		Estimated time person is unable to work: -- days
Given Names:		
Occupation:		
	Date of Birth: -- / -- / -- Age: --	
	Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	

Section 3: Injury Details

Nature of injury:

Brief description of how injury occurred:

Place injured person removed to:

Name of person reporting accident:

Position:

Phone Number:

Person for liaison:

Phone Number:

OFFICE USE ONLY:

Person receiving report:

Date: __/__/__

Time:

- Nat.
- Loc.
- Ag.
- Type